08 /26



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR	OFFICE USE ONLY	

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STATE OF HAWAII STATE ETHICS COMMISSIO!

LOBBYIST REGISTRATION FORM

PART I LOBBYIST	(Type or Prin			
NAME (Last)	(First)	(Middle)	TELEPHONE	
Thompson	Edward		808-330-6845	
MAILING ADDRESS (Street)	The state of the s		FAX	
2370 Nuuanu Avenue			808-595-7502	
(City)	(State)	(Zip	(Zip Code)	
Honolulu	HI	96	96817	
EMPLOYING ORGANIZATION (Fill in only if y	ou are employed by a business entity whi	ich has been retained to lobby)	TELEPHONE	
MAILING ADDRESS (Street)		** 1 **********************************	FAX	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
American Cancer Society	808-595-7500 FAX 808-595-7502		
MAILING ADDRESS (Street) 2370 Nuuanu Avenue			
			(City)
Honolulu	Н	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Tina Clothier		808-595-7500	
MAILING ADDRESS (Street)		FAX	
2370 Nuuanu Avenue		808-595-7502	
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	☐ Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	Health	Ptanning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	-		
Г					
PART IV CERTIFICATI					
I hereby certify that the	he information furnished abov	e is, to the best of my knowled	dge, correct and complete.		
Adward The	ma(N		1/26/2		
- gawine Site	(Signature of Lobbyist)		(Date)		
	(Signature or Loobyist)		(Date)		
PART V AUTHORIZAT	TION TO LOBBY				
NAME	ION TO LOBB!	TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
		Chief Staff Officer of Missi			
Jackie Young		Chief Stall Officer of Wissi	OH		
NAME OF ORGANIZATION (if applicable)		TELEPHONE			
American Cancer Society Hawaii Pacific, Inc.		808-595-7500			
MAILING ADDRESS (Street)			FAX		
2370 Nuuanu Avenue			808-595-7502		
(City)) (State)		(Zip Code)		
Honolulu	Н		96817		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Volling 400					
(Signature of	Authorizing Officer of Person Repre	sented)	(Date)		
(Cignatal 6 in	// S.		(2-2-)		

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